PTO/SB/17 (10-08)
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Nur	nber 1	0/751,826-Co	nf. #4193		
FEE TRANSMITTAL			Filing Date	J.	January 5, 2004				
			First Named Inv	ventor C	Cecile Casterman				
For FY 2009				Examiner Name M. DiBrino					
Applicant claims small entity status. See 37 CFR 1.27				Art Unit	1	1644			
TOTAL AMOUNT OF PAYMENT (\$) 1,290.00				Attorney Docket	No. A	A0848.70021US08			
METHOD OF F	PAYMENT (chec	k all that apply)							
Check	Credit Card	Money Order	No	ne Other	please identify	к			
Deposit Account Number 23/2825 Deposit Account Number Wolf, Greenfield & Sacks, P.C.									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Cha	arge fee(s) indicat	ed below		Charg	e fee(s) indi	cated below, ex	cept for t	he filing fee	
	arge any additiona 's) under 37 CFR	I fee(s) or underpay 1.16 and 1.17	ments o	f x Credit	any overpa	ments			
FEE CALCULA	ATION								
1. BASIC FILING	, SEARCH, AND	EXAMINATION FE	ES						
	ı	ILING FEES	SE	ARCH FEES	EXAMIN	ATION FEES			
Application Typ	e Fee	(S) Small Entity	Fee (S	Small Entity Fee (\$)	Fee (S)	Small Entity Fee (\$)	Fees F	Paid (\$)	
Utility	33		540	270	220	110			
Design	22		100		140	70			
Plant	22		330		170	85			
Reissue	33		540	270	650	325			
Provisional	22		0	0	0.00	0			
2. EXCESS CLAI								Small Entit	
Fee Description							Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues)							52	26	
Each independent claim over 3 (including Reissues)							220	110	
Multiple depende							390	195	
Total Claims	Extra Clair	ns Fee (\$)	F	ee Paid (\$)	Mu	Itiple Depende	ent Claims	ı	
					Fee	(S) F	ee Paid (§	5)	
HP = highest number	er of total claims paid	or, if greater than 20.						_	
Indep. Claims	Extra Clair		F	ee Paid (\$)					
	or HP =		_						
1 -		ns paid for, if greater tha	an 3.						
3. APPLICATION		exceed 100 sheets	of non-	(analystina alaste	onically file	.1			
		the application si						n	
		35 U.S.C. 41(a)(1			or small cir	ity) for each ac	runtomin 5	•	
Total Sheets	Extra She	ets Number	of each a	dditional 50 or fra	ction thereof	Fee (\$)	Fee	Paid (\$)	
	- 100 =	/50 =		(round up to a who	ole number) x				
4. OTHER FEE(S)						Fees	Paid (\$)	
Non-English S	Non-English Specification. \$130 fee (no small entity discount)								
Other (e.g., la	Other (e.g., late filling surcharge): 1253 Extension for response within third month 1,110.00 1806 Submission of an Information Disclosure Statement 180.00								
		1806 Submiss	sion of a	n information D	isciosure S	tatement	18	50.00	
SUBMITTED BY									
Signature	John R. Van Ar	nsterdam/		Registration No. (Attorney/Agent)	40,212	Telephone	617.646.8000		
Name (Print/Type)	Name (Print/Type) John R. Van Amsterdam Date June 23, 2009							, 2009	

Certificate of Electronic Filing Under 37 CFR 1.8							
I hereby certify that this paper (along wi system in accordance with § 1.6(a)(4).	th any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing						
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